# L15000672022

P14-27391
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

Division of Co			
SUBJECT: 3	ine Sta	rling I	-WC
SUBJECT:	(Name o	of Resulting Florida Limite	d Company)
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	les of Organization, an ability Company" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Victor Blue St	Contact Person)	V Inc	
280 Vi	(Firm/Company)	Day Blvd	
Destin	(Acadess)  (ity, State and Zip Code)	54)	
Victor Das	used for future annual re	oo Conport notifications)	
For further information	on concerning this mat	tter, please call:	
(Name of Contac	et Person)	_at () (Area Code) (Day	rtime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building	ons	MAILING A Registration S Division of C P. O. Box 63	Section Corporations 27
2661 Executive Center	er Circle	Tallahassee.	FL 32314

Tallahassee, FL 32301

## **Articles of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article	s of Conve	ersior	ı is:
Dive Starline Inc			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership,			
general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of			
(Enter state, or if a non-U.S. entity, the r	name of the o	countr	v)
on $\sqrt{-0-1}$			,,
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	las of Owa	ania.	ation.
5. The hame of the Florida Emilied Elability Company as set form in the attached Aftic	les of Org	anıza	tuon:
blue Starline LL()			
(Enter Name of Florida Limited Liability Company)			
A 15			
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) connect he prior to date of receipt or filed date non more than	00 4	£4	41. a
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the			
date listed in the attached Articles of Organization, if an effective date is listed there		ic cii	CCIIVC
	,		
5. The plan of conversion has been approved in accordance with all applicable statutes.	VIII.	4	
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Page 1 of 2	80 E		بيديدية معدد
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Signed this 10 day of February	ary 20 15
Signature of Authorized Representative o	of Limited Liability Company:
Signature of Authorized Representative:  Printed Name: Dawilov Vice	Flex Title: VP
Signature(s) on behalf of Other Business Er	ntity: [See below for required signature(s).]
Signature:Printed Name:	Title:
	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected	tor, or Officer.
If Florida General Partnership or Limited I Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	_iability Limited Partnership:

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Blue Starline LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany is:
Principal Office Address:  Mailing Address:	
Victor Danilov 2 fo Vinings was Plad Destrin, Fl 3251) Destrin Fl 3251)	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Victor Danilov Name	
Florida street address (P.O. Box NOT acceptable)	
Destin FL 32541	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointneregistered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605	nent as ions of all vith and
	15 F <sub>1</sub>
Registered Agent's Signature (REQUIRED)	8 1
(CONTINUED) 第45 五	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
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		<del></del>	
$\mathcal{J},\mathcal{D}$	Victor Danilov		
7	280 Vining & way Bli	10	
$\mathcal{D}_{-}$ s	D62 +14 +1 9924		
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	380 hivida 3 man	<b>DVK</b>	
	Water Jasen	<del></del>	
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		<del></del>	
(Use attachment if necessary)  ICLE V: Effective date, if other than the	e date of filing: . (OPT	— IONAI	L)
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: (OPT be specific and cannot be more than five busi	IONAI	L) ays
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ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1))	r or an authorized representative of a member (b), Florida Statutes, the execution of this doc	ness di	ays
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member am aware that any false information sulpharmatic of the penal arm aware that any false information sulpharmatic of the penal of th	r or an authorized representative of a member 1) (b), Florida Statutes, the execution of this docalties of perjury that the facts stated herein are tribmitted in a document to the Department of States.	ness di	ays
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	r or an authorized representative of a member of this document of perjury that the facts stated herein are transmitted in a document to the Department of Statistical for in s.817.155, F.S.)	ness di	ays
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	r or an authorized representative of a member 1) (b), Florida Statutes, the execution of this docalties of perjury that the facts stated herein are tribmitted in a document to the Department of States.	ness di	ays

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company:

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)